

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-470)**

SERIAL NO.

FILING DATE

APPLICANT'S

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | NO. | DEF. | NO. | DEF. | NO. | DEF. |
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| | NO. | DEF. | NO. | DEF. | NO. | DEF. |
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| TOTAL NO. | 5 | | | | | |
| TOTAL DEF. | 83 | | | | | |
| TOTAL | 88 | | | | | |